STATE OF NEBRASKA
Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986 Phone: 402-471-9607

Renewal Fee	
Make payable to: HHSR&L	Inpatient:
	1 - 16 beds $250
	17 - 50 beds $275
	51 or more beds $300

RENEWAL APPLICATION
Mental Health Center

License Expires: February 28, 2007

IDENTIFYING INFORMATION

1. Name and Address of Facility:

_____
_____
_____
_____

2. Preferred Mailing Address (if different from facility address)

_____
_____

Facility License #: _____
Administrator: _____
Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

3. Inpatient Beds: _____

4. Federal Employer Identification Number of Facility: _____

5. Accreditation/Certification: ☐ JCAHO ☐ CARF ☐ COA Are you requesting deemed status? ☐ yes ☐ no

6. Specify any special care and treatment to be provided: Please check below:

☐ Adolescent ☐ Gender Limited ☐ Other, specify: _____

OWNERSHIP INFORMATION

7. Owner's Name: _____
Mailing Address: _____
_____
_____
_____

_____
SSN of Owner (if individual)

8. Business Organization: (check one) Attach a list of names & addresses of all persons in control of the facility

☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (☐ State, ☐ District, ☐ County, ☐ City or Municipal)
☐ Other (please specify) _____

(check one)
☐ Profit ☐ Non-Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services Regulation and Licensure and will comply with them should a renewal license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb. Rev. Stat. Section 71-433 requires that applications shall be signed by:
a. the owner, if the applicant is an individual or partnership,
b. two of its members, if the applicant is a limited liability company,
c. two of its officers, if the applicant is a corporation, or
d. the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

_____ _____ _____
Authorized Representative – Type or Print Signature Date

_____ _____ _____
Authorized Representative – Type or Print Signature Date